

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16289

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C. Mo. (No. 1008)

Registration District No. 398
Primary Registration District No. 1008

File No. _____
Registered No. 2062
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 148 Marshall St. K.C. Mo. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) K.C. Mo.
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Wm. G. Song

11. BIRTHPLACE OF FATHER (CITY OR TOWN) K.C. Mo.
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Greata Scholl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Neperov
(STATE OR COUNTRY) Mo.

14. INFORMANT Mother
(Address) 14 No. Marshall - K.C. Mo.

15. FILED May 23, 1932 M. M. Cerome REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-21-1932

17. I HEREBY CERTIFY, That I attended deceased from 4 P.M. 4-21-1932, to 1:55 P.M. 1932 that I last saw h.w. alive on 21st May, 1932, and that death occurred, on the date stated above, at 1:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia & Empyema
(Lobar) 108
108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①
IF NOT AT PLACE OF DEATH At home

① DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) H. T. Campbell M. D.
72, 1932 (Address) 4800 E 24 St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Marys DATE OF BURIAL May 24, 1932

20. UNDERTAKER Gates Funeral Home ADDRESS K.C. Mo.

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

